

TRANSCRIPT ORDER

Read Instructions on Back.

1. NAME Richard P. Arens				2. PHONE NUMBER (671) 472-7111	3. DATE July 6, 2007
4. MAILING ADDRESS 400 Route 8, Suite 501 First Hawaiian Bank Building				5. CITY Mongmong	6. STATE Guam 7. ZIP CODE 96910
8. CASE NUMBER CR-07-00025	9. JUDICIAL OFFICIAL Tydingco-Gatewood	DATES OF PROCEEDINGS			
10. FROM				11. TO	
12. CASE NAME USA vs RYAN JASON WALL				LOCATION OF PROCEEDINGS	
13. CITY Hagatna				14. STATE Guam	
15. ORDER FOR <input checked="" type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)					
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)	PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE			<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)		
<input type="checkbox"/> OPENING STATEMENT (Defendant)			<input type="checkbox"/> MOTION TO SUPPRESS PHYSICAL EVIDENCE		3/15; 3/19 & 3/20/07
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)			<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> OPINION OF COURT			<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> JURY INSTRUCTIONS			<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING			<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> BAIL HEARING			<input type="checkbox"/> OTHER (Specify)		
17. ORDER					
CATEGORY	ORIGINAL (Includes Free Copy for the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	JEANNE G. QUINATA Clerk of Court
18. SIGNATURE <i>Richard Arens</i>				PROCESSED BY	
19. DATE 8/8/07				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED	DATE 8/8/07	BY <i>wn</i>		DEPOSIT PAID	
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	